

Case Number:	CM15-0097556		
Date Assigned:	05/28/2015	Date of Injury:	05/10/2010
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old female, who sustained an industrial injury on 05/10/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, and bilateral shoulder pain. Treatment and diagnostic studies to date has included lumbar epidural steroid injections on 07/08/2014, chiropractic therapy, massage therapy, medication regimen, magnetic resonance imaging of the lumbar spine, bilateral lower extremity electromyogram with nerve conduction velocity, and use of a cane. In a progress note dated 03/19/2015 the treating physician reports complaints of bilateral shoulder and low back pain that radiates to the bilateral lower extremities. Physical examination reveals tenderness to the lumbar four to five and lumbar five to sacral one lumbar paraspinal muscles, pain with lumbar range of motion, low back pain with straight leg raise bilaterally, and an antalgic gait. The injured worker's current medication regimen includes Percocet, Norco, Pennsaid, Celebrex, Soma, and Oxycontin. The treating physician notes the medications of Percocet, Norco, and Oxycontin is used for the low back and shoulder pain, Pennsaid is used for the shoulder pain, Celebrex is used for the low back pain, and Soma is used for muscle spasms. The injured worker's pain is rated an 8 out of 10 without use of her current medication regimen and rates the pain level of a 3 out of 10 with her current medication regimen. The treating physician indicates that the injured worker is tolerating her medication regimen and that it has been helpful. The injured worker is able to ambulate in the house and spend time outside of the house with use of her current medication regimen. The treating physician

requested the medication Oxycodone/Acetaminophen (Percocet) 10/325mg with a quantity of 45 for the low back and right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycodone Acetaminophen 10/325 mg Qty 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycodone Acetaminophen 10/325 mg Qty 45 is not medically necessary and appropriate.